

UNIVERSITY OF KENTUCKY KENTUCKY DEAF-BLIND PROJECT



SUMMER INSTITUTE I - 2010

“Teaching Receptive and Expressive Communication Skills to Persons Who Have Severe/Multiple Disabilities Across the Age Span”

**Participation Options: 1) University Coursework (graduate or undergraduate)
3 credit hours
Register for: EDS 558-020 (Univ. of KY)**

or

2) Professional Development

or

**3) Continuing Education (speech/language therapists
occupational therapists)**

Who? For teachers, early intervention providers, adult service providers, related service personnel, instructional assistants, and family members of individuals who have severe/multiple disabilities.

What? This course includes methods and strategies for assessing communication skills and developing intervention plans for receptive and expressive communication. Participants will be provided with multiple opportunities to practice using tools and strategies that can be used to implement content.

When? **June 14-18, 2010** (8:30am until 3:30pm each day)

Where? *Lexington, Kentucky*

Cost? **If you register for university coursework – tuition**
Graduate Student: \$459.00 per hour x 3 hours = \$1,377.00
Undergraduate Student: \$332.50 per hour x 3 hours = \$997.50
No fees for professional development or CEUs
Institute materials are FREE.
Lunch provided daily – on site
Mileage reimbursement



Questions? E-mail questions to Diane Haynes, Course Instructor Diane.Haynes@ksb.kyschools.us
or Phone 502-777-6235.

APPLICATION for SUMMER INSTITUTE - 2010

*Teaching Receptive and Expressive Communication Skills to Persons
Who Have Severe/Multiple Disabilities Across the Age Span*

Please print or type

Name: _____

Mailing Address: _____

City & Zip: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Name of Program: _____

Job Title: _____

I am attending the course for (Check One):

_____ Professional Development _____ Continuing Education Units

_____ University Coursework

SPECIAL ACCOMMODATIONS:

I will require the following accommodations:

_____ interpreter - type of interpreter _____

_____ Braille _____ Large Print

_____ other: _____

SUBMIT APPLICATION ON OR BEFORE May 15, 2010 to:

Diane Haynes
Kentucky Deaf-Blind Project
229 Taylor Education Bldg.
Lexington, KY 40506-0001

OR

E-mail to: Diane.Haynes@ksb.kyschools.us

OR

Fax to 859-257-1325 ATTN: Diane Haynes

Note: If you are applying to attend the Institute for University course credit, information on how to register through the University of Kentucky will be sent to you once we receive your application.

"This project is supported by the U.S. Department of Education, Office of Special Education Programs (OSEP).
Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S.
Department of Education."

This project is also supported by the Kentucky Department of Education, Office of Special Instructional Services.

